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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/818,213 03/27/2001 PAT 6,677,304 SS

** FOREIGN APPLICATIONS *****

SWITZERLAND 2000 0694/00 04/07/2000 SS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials				

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TITLE

Ophthalmic formulations

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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